SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
Office of Operations and Systems Integration
1702 N. Alamo Street • San Antonio, Texas 78215
Office (210) 244-2900

Active Directory Request

This form is a request for computer access – no e-mail. **Complete information and signatures are required.** User IDs are system-generated with the first letter of first name and full last name, followed by a number (e.g., John Doe ~ jdoe1).

Submit **original** request form to the Office of Operations & Systems Integration, Attn: Active Directory

☐ **NEW ACCOUNT**

DATE: _____ ☐ **EXISTING ACCOUNT – Change in Status**

- ☐ Location Change – formerly at: _____
- ☐ Name Change – Previous Name: _____
- ☐ Job Title Change – formerly: _____

Please print in black or blue ink.

First Name		**MI**		**Last Name**	

Required **Employee ID** *SSN not acceptable*		**Job Title**	

School/Department Name	

School/Department Org. Code/No.		**School/Department Telephone**	

School/Department Address		**Zip**	

Check one: ☐ **Full-Time Employee** ☐ **Part-Time Employee**

NOTE: Part-time accounts are valid for four months ONLY. To request an extension, submit a new Active Directory Request form at the end of four month term.

If this account is needed for less than four months, please provide an expiration date. _____

By signing this form, you agree to abide by the COMPUTER & TELECOMMUNICATION USE AND INTERNET ACCESS FOR EMPLOYEES guidelines (http://www.saisd.net/admin/newtech/ats/helpdesk/procedures.shtm) set forth by the SAISD.

Signature: _____ Date: _____

Principal/Department Head Signature: _____ Date: _____

Account information will be sent to your Principal/Department Head.

If you have any questions, please contact the Help Desk at 281-9090.

.....

For Technology Use Only:

☐ APPROVED ☐ DISAPPROVED _____

Date Received:	Date Created:	Created By:

Rev. 07/24/08